07345

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Wicomico Registration Dist. No. 337

Village or City Nanticoke No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. 21 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Edna D. Barkley If U. S. Veteran, specify WAR

(a) Residence: No. Germantown Pa St., Ward. ✓

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. COLOR OR RACE Col.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Barkley

6. DATE OF BIRTH (month, day, and year) Nov 14 1888

7. AGE Years 50 Months 8 Days 16 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Galena Md

FATHER

13. NAME Peter Davis

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Elizabeth J Young

16. BIRTHPLACE (city or town) (State or country) ? ?

17. INFORMANT (Address) Laura Barkley 263 W. Duval St Germantown Pa

18. BURIAL, CREMATION, OR REMOVAL Place Nanticoke Date Aug 2, 1939

19. UNDERTAKER (Address) Mrs. C. E. Messick & Sons Bivalve, Md

20. FILED 7-31, 1939 R. Woolford Walter Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July (Month) 30 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 7-27-39, to 7-30, 1939

I last saw h 7 alive on 30-39, 19; death is said to have occurred on the date stated above, at 4 p m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Apoplexy	7-27-39

Other Contributory Causes of Importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify D Allen Fields

(Signed) Nanticoke Md M. D.

(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED
AUG 5 1929
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

07346

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Wicomico Registration Dist. No. 333

Village or City Peninsula General Hospital Salisbury, Md. 13 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 2 ds. How long in U.S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Edmond M. Barry If U. S. Veteran, specify WAR .....

(a) Residence: No. 8617 Cedar St., Ward Silver Springs Md.

(Usual place of abode) Montgomery County If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mrs Dorthy Beers Barry age 42 years

6. DATE OF BIRTH (month, day, and year): Oct. 11, 1886

7. AGE: Years 52 | Months 9 | Days 12 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Insurance

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Broker

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Washington D.C.

FATHER

13. NAME: John Barry

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Delia O'Dea

16. BIRTHPLACE (city or town) (State or country): Washington D.C.

17. INFORMANT (Address): Mrs Dorthy Beers Barry 8617 Cedar St. Silver Springs Md.

18. BURIAL, CREMATION, OR REMOVAL Place: Mt Olivet Cem Date: July 25, 1939 Washington D.C.

19. UNDERTAKER (Address): Holloway & Co Walter R. Holloway & Co. Silver Spring Md.

20. FILED: 7/23, 1939 Harriet E. Johnson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July (Month) 23 (Day) 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from July 21, 1935, to July 23, 1935

I last saw him alive on July 23, 1935; death is said to have occurred on the date stated above, at 12.15 m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia (17 Apr 15)	Mils

Other Contributory Causes of Importance: ✓

Name of operation ✓ Date of —

What test confirmed diagnosis? ✓ Was there an autopsy? —

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ✓ Date of Injury ....., 19....

Where did injury occur? ..... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury —

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) A. M. Hall M. D.

(Address) Salisbury

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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AUG 7 1939
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (157a) Reg. Dist. No. 333 07347

CERTIFICATE OF DEATH

WITHIN CORPORATE LIMITS OF

1. PLACE OF DEATH
(a) County Wicomico Co
(b) City or town Salisbury (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Peninsula
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 wks.
(e) Length of stay in this community (yrs., mos., or days) 2/6 yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Wicomico Co
(c) City or town Salisbury (If outside city or town limits, write RURAL and give town)
(d) Street No. Peninsula (If rural give location)
(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME Vernon Virgie Boston

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 19. 1936

8. AGE: Years 2 Months 6 Days 23 If less than one day _____ hr. _____ min.

9. Birthplace P.S. Hoyt. Salisbury Md (Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name James Albert Boston
13. Birthplace Marion station Md

MOTHER 14. Maiden Name Thelma Nora Peeler
15. Birthplace Delmar Md.

16 (a) Informant Mrs Thelma V. Boston
(b) Address Peninsula E. Salisbury Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 13-1939 (Month) (day) (year)
(c) Cemetery or crematory Parsons Cemetery
Location Salisbury Md. R.C.

18 (a) Funeral director Hoffman & Co.
(b) Address Walter R. Hoffman Salisbury Md

19 (a) 7/13/39 (Date rec'd by registrar) (b) Harriet E. Johnson Registrar

MEDICAL CERTIFICATION

20. Date of death July 12 1939, at 5-10 a.m.

21. I certify that death occurred on the date above stated; that I attended deceased from July 11 1939, to July 12 1939, and that I last saw him alive on July 11 1939.

	Duration
Immediate cause of death Dehydration fever	3 days
Due to Congenital Hydrocephalus	Life
Due to	
Other conditions Malnutrition	Life

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature F. L. Graff M.D. (M. D. or other)
Address 203 W. Church St. Date signed 7-12-39

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
AUG 7 1939
BUREAU V. S.

07348

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Wicomico Registration Dist. No. 333

Village or City Salisbury, R. F. D. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Wesley Coulbourne

(a) Residence: No. Salisbury, Md. R. F. D.2 St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie Horsey

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49			

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Farm Laborer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) 7/39

11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) Mardela Springs (State or country) Md.

FATHER

13. NAME Emery Coulbourne

14. BIRTHPLACE (city or town) Mardela Springs (State or country) Md.

MOTHER

15. MAIDEN NAME Linda Jefferson

16. BIRTHPLACE (city or town) Mardela Springs (State or country) Md.

17. INFORMANT John Coulbourne (Address) Mardela Springs, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Mardela Cem. Date 8/3/39, 19

19. UNDERTAKER Mrs. C. G. Messick & Sons (Address) Hebron Md.

20. FILED 8/2, 1939 Harriet E. Johnson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July 30, 1939 (Month) (Day) (Year)

22. I HEREBY CERTIFY that I attended deceased from , 19 , to , 19

I last saw h alive on , 19 ; death is said to have occurred on the date stated above, at m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Hemorrhage from laceration of buttocks and lower spine	Indet.

Other Contributory Causes of Importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? accident Date of injury July 30, 1939

Where did injury occur? Salisbury Wicomico, Maryland (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Public highway

Manner of injury auto accident - hit & run

Nature of injury laceration of buttock, fractured leg

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) L A Radenhauser M. D.

(Address) Salisbury, Maryland

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Deputy Med Examiner, Wicomico Co.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED
AUG 7 1939
U. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

07349

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(93C)

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:

County Wicomico

City or town Salisbury
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: John B. Parsons Home for the Aged

Stay in hospital or inst. (yrs., or mos., or days) 5 yrs. 7 mos. 28 das.

Stay in this community (yrs., or mos., or days) — — —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Wicomico

City or town Salisbury Ward No. ok
(If outside city or town limits, write RURAL NEAR and give town)

Street No. ~~Lemon Hill~~
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Maria Davis

3. (b) Social Security Number —

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife —

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Jan. 8, 1869

8. AGE: Years 70 Months 6 Days 17 If less than one day — hrs. — min.

9. Birthplace Salisbury, Wicomico, Maryland
(Town, county, and state)

10. Usual occupation none

11. Industry or business —

FATHER
12. Name James T. Davis
13. Birthplace Berlin, Maryland

MOTHER
14. Maiden name Maria G. Sermon
15. Birthplace Salisbury, Maryland

18. Informant Supt. John B. Parsons Home

Address Lemon Hill, Salisbury, Md.

17. Burial
(Burial, cremation, or removal. Which?)

Date thereof July 27, 1939
(month) (day) (year)

Cemetery ~~or crematory~~ Parsons

Location Salisbury, Md.

18. Funeral director The Hill and Johnson Co.

Address E. Main St. at Davis

19. 7/27, 1939 Harriet E. Johnson Local Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 25 1939, at 6:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1 1939, to July 25 1939, and that I last saw her alive on June 11 1939.

Immediate cause of death: cerebral hemorrhage — DURATION: 2 mo

Due to

Due to

Other conditions: Chronic myocarditis — 1936

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE [signature] M.D. or other Registrar, Md.

Address July 27 39 Date signed

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 7 1939
BUREAU V. S.

07350

STATE OF MARYLAND—CERTIFICATE OF DEATH

(1076a)

1. PLACE OF DEATH

County Wicomsco Registration Dist. No. 333

Village or City Fruitland No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Hattie Deal If U. S. Veteran, specify WAR

(a) Residence: No. Fruitland, Md. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Enoch Deal

6. DATE OF BIRTH (month, day, and year): May 10-1889

7. AGE: Years 50 | Months 2 | Days 16 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: House work

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: House work

10. Date deceased last worked at this occupation (month and year): Mar 1939

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Chance Somerset Co Md

FATHER

13. NAME: Columbus Bevens

14. BIRTHPLACE (city or town) (State or country): Chance Somerset Co. Md

MOTHER

15. MAIDEN NAME: Easter Deshield

16. BIRTHPLACE (city or town) (State or country): Whitharem Wicomosco Co Md

17. INFORMANT (Address): Elsie Deshields Fruitland Md.

18. BURIAL, CREMATION, OR REMOVAL

Place: Chance Md Date: July 30, 1939

19. UNDERTAKER (Address): Chas H Ward Marion Md.

20. FILED 7/27, 1939 Harriet E. Johnson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July (Month) 26 (Day), 1939 (Year)

22. I HEREBY CERTIFY That I attended deceased from July 14, 1939, to July 26, 1939

I last saw her alive on July 26, 1939; death is said to have occurred on the date stated above, at 4 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	10/20/39
Other Contributory Causes of importance: Acute Int Nephritis	10/14/39

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [signature] M. D.

(Address) Salvy Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

(M)

(T)

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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AUG 7 1928
U. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

07351

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-2)

CERTIFICATE OF DEATH

Reg. Dist. No. 333

(M)

WITHIN CORPORATE LIMITS OF

1. PLACE OF DEATH:

County Wicomico

City or town Salisbury
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Hammond

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 30 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Wicomico

City or town Salisbury Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Hammond
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Purnell Johnson Dennis

3. (b) Social Security Number

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife: Alice Sarah Dennis

6(c) If alive, give age: Dead years

7. Birth date of deceased (mo., day, yr.): Nov. 18, 1858

8. AGE: Years 80 | Months 10 | Days 1 | If less than one day ___ hrs. ___ min.

9. Birthplace: Newark Md.
(Town, county, and state)

10. Usual occupation: Retired Farmer

11. Industry or business: Lumberman

FATHER
12. Name: Johnson Dennis
13. Birthplace: Newark Md.

MOTHER
14. Maiden name: Jane Shockley
15. Birthplace: Newark Md.

16. Informant: Mrs. E. B. Brittingham

Address: Hammond St. Salisbury Md.

17. Burial
(Burial, cremation, or removal. Which?)

Date thereof: July 22-39
(month) (day) (year)

Cemetery or crematory: Parsonsburg Cemetery

Location: Parsonsburg Md.

18. Funeral director: Holloway & Co.

Address: Walter R. Holloway Salisbury Md.

19. 7/22, 1939 Harriet E. Johnson Soc. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: ~~July 19th~~ July 20 1939, at ~~11:15 P.M.~~ 12:25 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from only July 20 1939, to ___ 19___, and that I last saw h Patient alive and expired when I arrived. 19___.

Immediate cause of death: Acute Cardiac dilitation — DURATION: few hours

Due to: Chronic Myocarditis — several yrs.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: F. L. Graff M.D.
M. D. or other

Address: Salisbury, Md. Date signed

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 (T)

RECEIVED
AUG 7 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 333

07352

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Wicomico

(b) City or town Salisbury Md (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Lake St. no

(d) Length of stay in hospital or inst. (yrs., mos., or days) no

(e) Length of stay in this community (yrs., mos., or days) no

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Wicomico

(c) City or town Salisbury Md (If outside city or town limits, write RURAL and give town)

(d) Street No. Lake (If rural give location)

(e) If foreign born, how long in U. S. A.? a a years

3 (a) **FULL NAME** Evelyn Dixon

3 (b) If veteran, name war no

3 (c) Social Security No. no

4. Sex female

5. Color or race a.a.

6 (a) Single, married, widowed, or divorced. single

6 (b) Name of husband or wife no

6. (c) If alive, give age no years

7. Birth date of deceased (mo., day, yr.) about 1911

8. **AGE:** Years about 28 | Months — | Days — | If less than one day ____ hr. ____ min.

9. Birthplace Salisbury Md (Town, county, and state)

10. Usual occupation Domestic

11. Industry or business no

FATHER 12. Name Harvey Dixon

13. Birthplace Md

MOTHER 14. Maiden Name Laura Shockley

15. Birthplace Snowhill Worcester Co

16 (a) Informant Mrs Maranda Dixon

(b) Address Salisbury Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 24 1939 (month) (day) (year)

(c) Cemetery or crematory Public

Location Salisbury Md

18 (a) Funeral director James H. Stewart

(b) Address Salisbury Md

19 (a) 7/24/39 (Date rec'd by registrar) (b) Harriet E. Johnson Registrar

MEDICAL CERTIFICATION

20. Date of death July 22 1939, at 4 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from One visit July 15 19 to 19 39, and that I last saw him alive on July 15 1939.

Immediate cause of death: Pul Tuberculosis — Duration Unknown

Had been attended by Dr Allen

Due Brown, Bowel Md - Did not

Know he was really Ty with colitis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. **Signature** Hunter R Mann M. D. or other

Address Salisbury Date signed 7/24/39

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 7 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 333

07353

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Wicomico

(b) City or town Salisbury (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Peninsula Gen. Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days

(e) Length of stay in this community (yrs., mos., or days) 6 days

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State N. J. (b) County

(c) City or town Passaic (If outside city or town limits, write RURAL and give town)

(d) Street No. 18 Gourley St. (If rural give location)

(e) If foreign born, how long in U. S. A.? ✓ years ✓

3 (a) FULL NAME May Redmand Easter

3 (b) If veteran, name war ✓

3 (c) Social Security No. ✓

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife Mr. C. Ewing Easter

6. (c) If alive, give age 56. years

7. Birth date of deceased (mo., day, yr.) 5-2-1881

8. AGE: Years 58 Months ✓ Days 45 If less than one day ___ hr. ✓ min.

9. Birthplace Canton, Ohio (Town, county, and state)

10. Usual occupation House Wife

11. Industry or business None

FATHER 12. Name ~~Mr~~ Frank Redmond

13. Birthplace Not known

MOTHER 14. Maiden Name Do Not Know

15. Birthplace " " "

16 (a) Informant C. E. Easter

(b) Address 18 Gourley St Passaic

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/29/39 (month) (day) (year)

(c) Cemetery or crematory

Location East Cleveland, Ohio.

18 (a) Funeral director The Hill & Fleming Co.

(b) Address Salisbury, Md.

19 (a) 7/28/39 (Date rec'd by registrar) (b) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. Date of death 7-27 1939, at 11 02 p M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-21 1939, to 7-27 1939, and that I last saw him alive on 7-27 1939.

Immediate cause of death: Generalized peritonitis; Intestinal obstruction

Due to: Not due to cancer. CWEP

Due to: Perforated diverticulitis

Other conditions: Stricture of colon associated with the diverticulitis. Duration: Indefinite.

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature [signature] M. D. or other

Address Salisbury, Md Date signed 7-27-39

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 7 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

07354

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH (51C)

County Worcester Registration Dist. No. 337

Village or City Hanticoke No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 14 yrs. mos. ds How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Frederic Wesley Elsey

(a) Residence: No. Hanticoke St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	C	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha Elsey 55 yrs

6. DATE OF BIRTH (month, day, and yeer) April 20 1884

7. AGE Years	Months	Days	If LESS then 1 day, hrs. or min.
54	3	14	

OCCUPATION

8. Trede, profession, or perticuler kind of work done, es SPINNER, SAWYER, BDDKKEEPER, etc. Oysterman

9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc.

10. Dete deceesed lest worked et this occupetion (month and year) Jan 1939

11. Totel time (yeers) spent in this occupetion 35 yrs

12. BIRTHPLACE (city or town) Hanticoke (State or country) Md

FATHER

13. NAME Thos E. Elsey

14. BIRTHPLACE (city or town) Hanticoke, (Stete or country) Md

MOTHER

15. MAIDEN NAME Sallie Mutton

16. BIRTHPLACE (city or town) Hanticoke (Stete or country) Md

17. INFORMANT Bertha Elsey (Address) Hanticoke Md

18. BURIAL, CREMATION, OR REMOVAL Place Hanticoke Md Date July 24, 1939

19. UNDERTAKER A. M. Lee & Son (Address) Pocomoke City Md

20. FILED 7-25, 1939 R. Woolford Walter Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July (Month) 24 (Dey), 1939 (Yeer)

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1939 to July 24, 1939

I last saw h— alive on July 24, 1939 death is said to heve occurred on the date stated above, at 6.20 p.m.

The **PRINCIPAL CAUSE OF DEATH** and releted ceuses of importance were as follows:

	Date of onset
Carcinoma of Prostate	
Bone (Pelvis)	
Other Contributory Causes of Importance: Marlores	

Name of operation Dete of

What test confirmed diegnosis? Was there an autopsy?

23. If death was due to external causes (VIDLENCE) fill in also the following:

Accident, suicide, or homicide? Dete of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, In HDME, or In PUBLIC PLACE.

Menner of Injury

Neture of Injury

24. Wes diseese or injury in eny way related to occupation of deceased?

If so, specify

(Signed) J. Allen Field M. D.

(Address) Hanticoke Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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AUG 5 1928
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Dr (Lynch)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (66-E)

07355

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:
County Wicomico
City or town Salisbury
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital or institution: R.F.D. #3
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 28 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Wicomico
City or town Salisbury Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. R.F.D. #3
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Della Mae Ennis

3. (b) Social Security Number

4. Sex: female
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Albert S. Ennis
6(c) If alive, give age 55 years
7. Birth date of deceased (mo., day, yr.): Sept. 7. 1885
8. AGE: Years 53 Months 9 Days 24 If less than one day ___ hrs. ___ min.
9. Birthplace: Parsonsburg Md. (Town, county, and state)
10. Usual occupation: House wife
11. Industry or business: at Home
FATHER 12. Name: Benjamin J. White
13. Birthplace: Parsonsburg Md.
MOTHER 14. Maiden name: Amanda E. Parsons
15. Birthplace: Pittsville Md.
16. Informant: Albert S. Ennis
Address: R.F.D. #3. Salisbury Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof July 3-1939 (month) (day) (year)
Cemetery or crematory: Wico. Mem. Park.
Location: Salisbury Maryland
18. Funeral director: Holloway & Co.
Address: Walter R. Holloway Salisbury Md.
19. 7/3, 1939 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 1st 1939, at 12:30 p.m.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 20 1939, to July 1 1939 and that I last saw her alive on July 1st 1939.
Immediate cause of death: Coma from Thyroid Cyanosis — DURATION 3 days
Due to: Exophthalmic Goiter — 10 yrs
Due to
Other conditions
(Include pregnancy within 8 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of Injury Injured at work?

23. SIGNATURE S. H. Lynch M. D. or other
Address Bethmas Md. Date signed

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

(M) (T)

RECEIVED
AUG 7 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 333

07356

CERTIFICATE OF DEATH

(54d)

1. PLACE OF DEATH:

(a) County Wicomico

(b) City or town Rural, Eden, Md. ✓ (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: ✓

(d) Length of stay in hospital or inst. (yrs., mos., or days) ✓

(e) Length of stay in this community (yrs., mos., or days) 5 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Wicomico

(c) City or town Eden, Md. Rural ✓ (If outside city or town limits, write RURAL and give town)

(d) Street No. Near Siloam (If rural give location)

(e) If foreign born, how long in U. S. A.? ✓ years

3 (a) FULL NAME Clifford Fields

3 (b) If veteran, name war ✓

3 (c) Social Security No. ✓

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Beulah P. Fields

6. (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) Aug. 6, 1887.

8. AGE: Years 51 Months 11 Days 8 If less than one day ____ hr. ____ min.

9. Birthplace Siloam, Wicomico, Md. (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business ✓

FATHER

12. Name John Fields

13. Birthplace Maryland

MOTHER

14. Maiden Name Emily Brumbley

15. Birthplace Maryland

16 (a) Informant Mrs. Beulah P. Fields

(b) Address Eden, Md. R.D. ✓

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/16/39 (month) (day) (year)

(c) Cemetery or crematory Siloam

Location Siloam, Wicomico C. Md.

18 (a) Funeral director The Hill & Johnson C.

(b) Address Salisbury, Md.

19 (a) 7/16/39 (Date rec'd by registrar) (b) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. Date of death July 14 1939, at 7 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 18 1938, to July 14 1939, and that I last saw him alive on July 14 1939.

Immediate cause of death Cerebral Hemorrhage — Duration 30 mins

Due to

Due to Brain Tumor; Benign. Duration: Six months — 10 mos

Other conditions C.W.S.R.

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

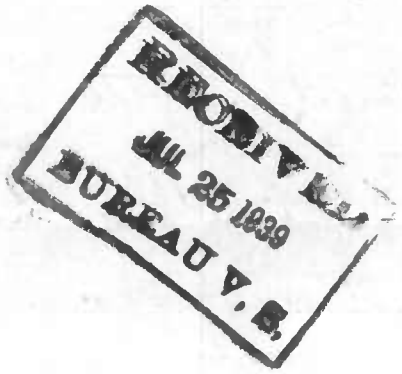
23. Signature [signature] M. D. or other

Address Salisbury Md. Date signed 7/17/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 (T)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JUL 25 1939
BUREAU V. S.

07357

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131)

CERTIFICATE OF DEATH

Reg. Dist. No. 3321

1. PLACE OF DEATH:

County Wicomico

City or town Pittsville, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 60 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Wicomico.

City or town Pittsville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Martha Ellen Freeny

3. (b) Social Security Number None

4. Sex: Female

5. Color or race: white

6. (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife Dr. Greenbury Freeny

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) May 28 1852

8. AGE: Years 87 Months May Days 13 If less than one day ____ hrs. ____ min.

9. Birthplace Wango, Md.
(Town, county, and state)

10. Usual occupation House-wife

11. Industry or business Own home

FATHER
12. Name Sampson Burbage
13. Birthplace Wango, Md.

MOTHER
14. Maiden name Margaret Laws
15. Birthplace Wango, Md.

16. Informant Mrs. Mabel Freeny

Address Pittsville, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 13 1939 (month) (day) (year)

Cemetery or crematory Grace M.P. Cemetery

Location Pittsville, Md.

18. Funeral director Wm. Howard Wells

Address Pittsville, Md.

19. July 13 1939 (Date rec'd by registrar) Lillian R. Davis Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 11th 1939 7:25 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1939, to July 11th 1939, and that I last saw her alive on July 11 1939.

Immediate cause of death Cardio Vascular

Due to Renal Disease

Due to Senility

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION 1938

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Charles F. Brown M.D. M. D. or other

Address Salisbury Md. Date signed 7/12/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 8 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 333

07358

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Wicomico
(b) City or town Salisbury
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Peninsula General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 min
(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Somerset
(c) City or town Eden
(If outside city or town limits, write RURAL and give town)
(d) Street No. ✓
(If rural give location)
(e) If foreign born, how long in U. S. A.? ✓ years

3 (a) FULL NAME Oscar P. Gillis

3 (b) If veteran, name war ✓

3 (c) Social Security No. 717-07-9180

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Mary A. Gillis

6. (c) If alive, give age 43 years

7. Birth date of deceased (mo., day, yr.) Aug. 3, 1885

8. AGE: Years 53 | Months 11 | Days 0 | If less than one day ____ hr. ____ min.

9. Birthplace Eden, Somerset, Md.
(Town, county, and state)

10. Usual occupation Retired

11. Industry or business Railroad telegrapher

FATHER
12. Name Columbus Gillis
13. Birthplace Maryland

MOTHER
14. Maiden Name Eloise Kelley
15. Birthplace Maryland

16 (a) Informant Oscar P. Gillis, Jr.,
(b) Address Eden, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/5/39 (month) (day) (year)
(c) Cemetery or crematory Parsons
Location Salisbury, Md.

18 (a) Funeral director The Hill & Johnson Co.,
(b) Address Salisbury, Md.

19 (a) 7/5/39 (Date rec'd by registrar) (b) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. Date of death July 3, 1939, at 3:15 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Examining Certificate 19__, to 19__, and that I last saw him alive on 19__.

Immediate cause of death shock and hemmorrhage — Duration 1 hour

Due to Sunshot wound of neck and face — 1 hr before death

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 7-3-39
(c) Where did injury occur? Allen (City or town) Wicomico (County) Md (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home - farm (Specify type of place) While at work? No
(e) Means of injury Sunshot wound.

23. Signature Lakadenober M.D. Deputy Medical Examiner St. of Maryland Wicomico Co.
M. D. or other

Address Salisbury, Md. Date signed 7/5/39

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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AUG 7 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (59)

07359

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:
County Wicomico
City or town Salisbury, Maryland
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Pen. Genl. Hospital
Stay in hospital or inst. (yrs., or mos., or days) 25 days
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Worcester
City or town Gindletree Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Iva H. GRIFFIN,

3. (b) Social Security Number 218-10-0479

4. Sex F
5. Color or race White
6. (a) Single, married, widowed, or divorced married.
6 (b) Name of husband or wife Thomas G. Griffin
6(c) If alive, give age 53 years
7. Birth date of deceased (mo., day, yr.) Jan. 10 - 1893
8. AGE: Years 46 Months 5 Days 28 If less than one day ___ hrs. ___ min.
9. Birthplace Cape Charles Va.
(Town, county, and state)
10. Usual occupation Inspecting Reds.
11. Industry or business Canning Factory
FATHER 12. Name Wm Edgar Dickerson
13. Birthplace Maryland
MOTHER 14. Maiden name Anna Jane Jones
15. Birthplace Maryland
16. Informant Mr Thomas W. Griffin
Address Gindletree Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof July 10 39 (month) (day) (year)
Cemetery or crematory Spring Hill
Location Gindletree Md
18. Funeral director Hearne & Dennis
Address Snow Hill Md
19. 7/8, 1939 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/8 1939, at 8 a.m.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 6/13 1939 to 7/8 1939, and that I last saw her alive on 7/8 1939.

Immediate cause of death	DURATION
Cellulitis of Left Hand	[illegible]
Due to	
Due to	
Other conditions Diabetes Mellitus	[illegible]

(Include pregnancy within 3 months of death)
Major findings:
Of operations ✓
Of autopsy ✓

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Yes Date of 6/5/39
Where did injury occur? Salisbury (City or town) (County) Md. (State)
Injured at home, farm, industry, public place (where?) Canning Factory
Means of injury Thumed Hand Injured at work? Yes

23. SIGNATURE R. M. Nick M. D. or other
Address Salisbury Date signed 7/8/39

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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JUL 20 1939
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (82-a)

07360

CERTIFICATE OF DEATH

Reg. Dist. No. 337

1. PLACE OF DEATH:

County Wicomico

City or town Waterview
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Baltimore

City or town Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 15 N. Montford Ave.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME John Wm. Griffin

3. (b) Social Security Number

4. Sex M

5. Color or race W

6. (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Mattie L. Griffin

6(c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) Aug 12 1878

8. AGE: Years 60 Months 11 Days 5 If less than one day ___ hrs. ___ min.

9. Birthplace Waterview
(Town, county, and state)

10. Usual occupation Railroad Engineer

11. Industry or business B. & Ch. Railroad Co

FATHER
12. Name William Griffin
13. Birthplace Blosona, Va.

MOTHER
14. Maiden name Mollie Hitch
15. Birthplace Salisbury Md.

16. Informant Mrs Mattie Griffin

Address 15 N. Montford ave Balto, Md

17. Burial
(Burial, cremation, or removal. Which?)

Date thereof July 10th 1939
(month) (day) (year)

Cemetery or crematory Oak Lawn Cem Eastern ave

Location Balto Md

18. Funeral director Mrs C B Messick & Sons

Address Bivalve, Md.

19. 7/8 1939 R. Woolford Walter
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 7 1939, at 7:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 6 1939, to July 7 1939, and that I last saw h___ alive on ___ 19___.

Immediate cause of death apoplexy

DURATION 1 day

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE S Allen Field
M. D. or other

Address Nontunke Md. Date signed 7-7-39

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JUL 17 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (93-e)

07361

CERTIFICATE OF DEATH

Reg. Dist. No. 337

1. PLACE OF DEATH:
County Wicomico
City or town Wetipquin
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Wicomico
City or town Wetipquin Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Near Homers Store
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Hester C. Hambary

3. (b) Social Security Number

4. Sex F
5. Color or race W
6. (a) Single, married, widowed, or divorced Widow
6 (b) Name of husband or wife John W Hambary
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Dec. 10 1851
8. AGE: Years 87 Months 7 Days 3 If less than one day hrs. min.
9. Birthplace Wetipquin Md (Town, county, and state)
10. Usual occupation House wife
11. Industry or business
FATHER 12. Name William Messick
13. Birthplace Wetipquin
MOTHER 14. Maiden name Aerita P. Phillips
15. Birthplace Wetipquin Md.
16. Informant Stengle Messick
Address Wetipquin Md
17. Burial (Burial, cremation, or removal, Which?) Date thereof July 16 1939 (month) (day) (year)
Cemetery or crematory Messick Cem Wetipquin Md
Location M E Church Wetipquin Md
18. Funeral director Mrs C E Messick & Sons
Address Bivalve Md.
19. 7-15-39 (Date rec'd by registrar) 19 R. Woolford Walter Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 13 1939, at M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1935 1939, to July 13 1939
and that I last saw her alive on June 11 1939.
Immediate cause of death Chronic myocarditis DURATION 5 yrs
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE J Wanner M.D. M. D. or other
Address Salisbury Md Date signed July 1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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AUG 5 1936
BUREAU V. S.

07362

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Wicomico Registration Dist. No. 330

Village or City Near Mardela No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. 15 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Martin E. Hansen If U. S. Veteran, specify WAR

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Blanch M. Hansen

6. DATE OF BIRTH (month, day, end year) Feb 17 - 1896

7. AGE Years 42 Months 5 Days 12 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Store Manager

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mich

FATHER

13. NAME Mathew P. Hansen

14. BIRTHPLACE (city or town) (State or country) Denmark

MOTHER

15. MAIDEN NAME Annie Hansen

16. BIRTHPLACE (city or town) (State or country) Denmark

17. INFORMANT Blanch Hansen (Address) Mardela

18. BURIAL, CREMATION, OR REMOVAL Place Mardela Date July 31, 1939

19. UNDERTAKER H. D. Gravenor & Bro (Address) Sharptown

20. FILED July 30, 1939 J. M. G. Armstrong Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July (Month) 29 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from July 29, 1939, to July 29, 1939

I last saw him alive on July 29, 1939; death is said to have occurred on the date stated above, at 8:30 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	July 9 1939

Other Contributory Causes of Importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. C. Martin M. D.

(Address) Mardela, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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AUG 7 1928
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (48) Reg. Dist. No. 333

CERTIFICATE OF DEATH

07363

1. PLACE OF DEATH:

(a) County Wicomico

(b) City or town Salisbury md R.F.D. No 2 (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: no

(d) Length of stay in hospital or inst. (yrs., mos., or days) no

(e) Length of stay in this community (yrs., mos., or days) no

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State md (b) County Wicomico

(c) City or town Salisbury md R.F.D. No 2 (If outside city or town limits, write RURAL and give town)

(d) Street No. no (If rural give location)

(e) If foreign born, how long in U. S. A.? a a years

3 (a) **FULL NAME** Hattie Lee Jackson

3 (b) If veteran, name war no

3 (c) Social Security No. no

4. Sex female

5. Color or race a a

6 (a) Single, married, widowed, or divorced. divorced

6 (b) Name of husband or wife James H Handy

6. (c) If alive, give age dead years

7. Birth date of deceased (mo., day, yr.) Apr 5 1902

8. AGE: Years 37 Months 3 Days 13 If less than one day ____ hr. ____ min.

9. Birthplace Quantico md (Town, county, and state)

10. Usual occupation Domestic

11. Industry or business no

FATHER 12. Name Wm Jackson

FATHER 13. Birthplace Quantico

MOTHER 14. Maiden Name Mary L Church

MOTHER 15. Birthplace Quantico

16 (a) Informant Mrs Martha Nichols

16 (b) Address Salisbury md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 23 1939 (month) (day) (year)

17 (c) Cemetery or crematory Quantico md

Location Quantico md

18 (a) Funeral director James F. Stewart

18 (b) Address Salisbury md

19 (a) 7/22/39 (Date rec'd by registrar) (b) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. Date of death July 19 1939, at 12 NOON

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1939, to July 19 1939 and that I last saw him alive on July 3 1939

Immediate cause of death Carcinoma uterus — Duration 1 yr

Due to ____

Due to ____

Other conditions ____

(Include pregnancy within 3 months of death)

Major findings: ✓

Of operations ____

Of autopsy ____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide ____

(b) Date of occurrence ____

(c) Where did injury occur? ____ (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? ____ (Specify type of place) While at work? ____

(e) Means of injury ____

23. Signature W Wimmer M. D. or other

Address Salisbury Date signed July 22 39

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
AUG 7 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

07364

1. PLACE OF DEATH

County Wicomico Registration Dist. No. 333

Village or City Salisbury, Md. No. Peninsula Hospital St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. 1 ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Edith Jones If U. S. Veteran, specify WAR ____

(a) Residence: No. Alley, Md. St., Wic. Ward. ____

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F.	Col.	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) March 27, 1939

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	3	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Baby

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) ____ 11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Mt Vernon Md.

FATHER

13. NAME Raymond Jones.

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Missouri Banks

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT (Address) Raymond Jones Mt Vernon Md.

18. BURIAL, CREMATION, OR REMOVAL Place Mt Vernon (Cem) Mt Vernon Date July 16th, 1939

19. UNDERTAKER (Address) Dale Dashiell Princess Anne Md.

20. FILED 7/14, 1939 Harriet E. Johnson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 7-14-, 1939 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from 7-13-, 1939 to 7-14-, 1939.

I last saw her alive on 7-14-, 1939; death is said to have occurred on the date stated above, at 6:45 A m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Acute Intestinal Infection.	

Other Contributory Causes of Importance:

Name of operation none Date of ____

What test confirmed diagnosis? History Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of Injury ____, 19__

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify ____

(Signed) Clem T. Fisher M. D.

(Address) Salisbury, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED
AUG 7 1939
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

07365

STATE OF MARYLAND—CERTIFICATE OF DEATH

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH (122-a)

County Wicomico Registration Dist. No. 333

Village or City Salisbury No. Peninsula General Hospital Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. 7 ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Mrs. Sarah Lewis If U. S. Veteran, specify WAR ____

(a) Residence: No. 504 Market St. St., ____ Ward. Marcus Hook, Pa.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F	W.	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William P. Lewis

6. DATE OF BIRTH (month, day, and year) Jan. 12, 1872

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
67	6	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. —

10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Cecil County (State or country) Maryland

FATHER

13. NAME George Cannon

14. BIRTHPLACE (city or town) Cecil Co. (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary E. Rash

16. BIRTHPLACE (city or town) Cecil Co. (State or country) Maryland

17. INFORMANT George A. Cannon (Address) Montclair, New Jersey

18. BURIAL, CREMATION, OR REMOVAL Place Newcastle Co. Lawnwoff Cem Delaware Date Aug 2, 1939

19. UNDERTAKER The Hill and Johnson Co. (Address) Cr. Main St. at Davis, Salisbury, Md.

20. FILED 7/30, 1939 Harriet E. Johnson Socal Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July (Month) 30 (Day), 1939 (Year)

22. I HEREBY CERTIFY That I attended deceased from July 23, 1939, to July 30, 1939

I last saw her alive on July 30, 1939; death is said to have occurred on the date stated above, at 2.08 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Intestinal obstruction due to strangulated Hernia	[illegible]

Other Contributory Causes of Importance:

Name of operation Intestinal Resection Date of 7/23/39

What test confirmed diagnosis? Fluoroscopic Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? No Date of Injury ____, 19____

Where did injury occur? — (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. —

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ____

(Signed) R. M. Hook M. D.

(Address) Salisbury

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED
AUG 7 1929
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

07366

WITHIN CORPORATE LIMITS

131

1. PLACE OF DEATH

County Wicomico Registration Dist. No. 333

Village or City Salisbury, Md No. Peninsula General Hospital Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. 2 ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Morris, Mr. Edgar If U. S. Veteran, specify WAR ____

(a) Residence: No. Greenbackville Va. St., ____ Ward. ____ ✓
(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Minnie Newman Morris

6. DATE OF BIRTH (month, day, and year): Feb. 3, 1864

7. AGE: 75 Years | Months: 5 | Days: 12 | If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Retired (Railroad)

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Engineer

10. Date deceased last worked at this occupation (month and year) ____ | 11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country): Lewis Del.

FATHER

13. NAME: Elihu Morris

14. BIRTHPLACE (city or town) (State or country): Lewis, Del.

MOTHER

15. MAIDEN NAME: Mary Ann Rowland

16. BIRTHPLACE (city or town) (State or country): Lewis, Del

17. INFORMANT (Address): Mrs. Edgar Morris, Greenbackville, Va.

18. BURIAL, CREMATION, OR REMOVAL
Place: M.E. Cemetery Date: July 18, 1939

19. UNDERTAKER (Address): Clayton A. Mahan, 330 State, Lewis, Dela.

20. FILED: 7/16, 1939 Harriet E. Johnson, Sec'y Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July (Month) 15 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from July 13, 1939, to July 15, 1939

I last saw him alive on July 15, 1939; death is said to have occurred on the date stated above, at 10:20 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Chr. Nephritis	unk
Hypertrophied Prostate	unk
Uremia	un

Other Contributory Causes of importance:

Name of operation ✓ Date of ____

What test confirmed diagnosis? ✓ Was there an autopsy? ____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? no Date of injury ____, 19____

Where did injury occur? ✓ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ✓

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify ____

(Signed) R. McNeale M. D.

(Address) Salisbury

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (130) (146)

CERTIFICATE OF DEATH

07368

Reg. Dist. No. 333

VS A15

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
County Wicomico Co
City or town Salisbury
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: P. H. Hospital
Stay in hospital or inst. (yrs., or mos., or days) 2 days
Stay in this community (yrs., or mos., or days) 9 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Wicomico Co
City or town Salisbury Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. R.F.D. #4
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Grace E. Phillips

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Oliver Raymond Phillips
6(c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) July 31. 1900

8. AGE:

Years	Months	Days	If less than one day
38	11	29	____ hrs. ____ min.

9. Birthplace Worcester Co. Md.
(Town, county, and state)
10. Usual occupation Home work
11. Industry or business at Home

FATHER
12. Name Ernest S. Dengin
13. Birthplace Worcester Co. Md.

MOTHER
14. Maiden name Mary Jones
15. Birthplace Worcester Co. Md.

16. Informant Oliver Raymond Phillips
Address R.F.D. #4 Salisbury Md.

17. Burial Date thereof May 1. 1939
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Mt. Olive Cem.
Location Near Snow Hill Md.

18. Funeral director Holloway & Co.
Address Walter R. Holloway Salisbury Md

19. 8/1/1939 Harriet E. Johnson
(Date rec'd by registrar) Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 30 1939, at 2.15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 28 1939 to July 30 1939 and that I last saw h er alive on July 30 1939

	DURATION
Immediate cause of death: Myocarditis	2 hrs
Due to: Nephritis - acute	2 mos
Probably Due to: Pregnancy	5 mos previous to death
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Ot operations
Ot autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE L. A. Rademaker M D.
M. D. or other
Address Salisbury, Md Date signed 7/31/39

RECEIVED
AUG 7 1933
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

07367

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:
County Wicomico
City or town Salisbury, Rural
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Anderson Road
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Wicomico
City or town Salisbury Rural Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Anderson Road,
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Infant Parker

3. (b) Social Security Number

4. Sex Male
5. Color or race Col
6. (a) Single, married, widowed, or divorced

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 18, 1939

8. AGE: Years 3 mos. Months Stillborn Days If less than one day hrs. min.

9. Birthplace Salisbury, Wic., Md.
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name George Parker
13. Birthplace Newark, Md.

MOTHER
14. Maiden name Laner Lockwood
15. Birthplace Newark, Md.

16. Informant George Parker
Address Anderson Road, Salisbury

17. Burial Date thereof 7/18/39
(Burial, cremation, or removal Which?) (month) (day) (year)
Cemetery or crematory Edgar Williams farm
Location Anderson Rd., Salisbury

18. Funeral director (acting) George Parker
Address Anderson Rd. Salisbury

19. 7/18, 1939 Harriet E. Johnson Social
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 18, 1939, at 3 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 18, 1939, to July 18, 1939, and that I last saw him alive on July 18, 1939 and not see him alive on July 18, 1939

Immediate cause of death

DURATION

Due to Prematurity

Due to

Other conditions Probable Lues (?)
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE G. H. Sembly (M.D.)
M. D. or other
Address Salisbury Md. Date signed July 18 1939

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 7 1939
BUREAU V. S.

07369

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(94B)

Reg. Dist. No. 333

1. PLACE OF DEATH:

County Wicomico

City or town Salisbury, Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 1108 E. Church Street

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 20 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Wicomico

City or town Salisbury, Md Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 1108 E. Church St.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME John Alfred Phillips

3. (b) Social Security Number 716031685

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Annie J. Phillips

6 (c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) Jan 31, 1878

8. AGE: Years 61 Months 5 Days 1 If less than one day ____ hrs. ____ min.

9. Birthplace Maryland (Town, county, and state)

10. Usual occupation Engineer

11. Industry or business Railroad Penn.

FATHER 12. Name Sylvester Phillips

13. Birthplace Maryland

MOTHER 14. Maiden name Sarah E. Phillips

15. Birthplace Maryland.

16. Informant Mrs Annie J. Phillips

Address 1108 E. Church St. Salisbury Md

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof 7-3-39 (month) (day) (year)

Cemetery or ~~crematory~~ Parsons Cemetery

Location Salisbury Md.

18. Funeral director Charles W. Mannel

Address Salisbury Md.

19. 7/3, 1939 Harriet E. Johnson Local Registrar (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 1 1939, at ____ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1 1939, to July 1 1939 and that I last saw h[illegible] alive on Dead on arrival 19__.

Immediate cause of death coronary disease

DURATION 2

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE [illegible] M. D. or other

Address Salisbury Md Date signed July 3

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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RECEIVED
JUL 14 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (82a)

Reg. Dist. No. 333

07370

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Wicomico

(b) City or town Salisbury (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Simon Hill, John B. Parsons Home for the Aged

(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 yrs. 3 mos.

(e) Length of stay in this community (yrs., mos., or days) 10 yrs. 3 mos.

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Wicomico

(c) City or town Salisbury OK (If outside city or town limits, write RURAL and give town)

(d) Street No. ~~Simon Hill~~ (If rural give location)

(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Mary Somers Pollitt

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Alexander U. Pollitt

6. (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) July 5, 1856

8. AGE: Years 83 Months 0 Days 3 If less than one day — hr. — min.

9. Birthplace Shad Point, Wicomico, Maryland (Town, county, and state)

10. Usual occupation None

11. Industry or business none

FATHER

12. Name William D. Somers

13. Birthplace Shady Point, Maryland

MOTHER

14. Maiden Name Sally Ann Disharoon

15. Birthplace Salisbury, Maryland

16 (a) Informant Supt. John B. Parsons Home

(b) Address Salisbury, Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 10, 1939 (month) (day) (year)

(c) Cemetery or ~~crematory~~ M. E. Church Yard

Location Fruitland, Maryland

18 (a) Funeral director The Hill and Johnson Co.

(b) Address E. Main St. at Davis, Salisbury, Md.

19 (a) 7/10/39 (Date rec'd by registrar) (b) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. Date of death July 8, 1939, at 6:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1939, to July 8th 1939, and that I last saw her ~~him alive~~ on 7/6 1939.

Immediate cause of death Apoplexy — Duration 4 mos.

Due to Arterio-sclerosis — some years

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations none

Of autopsy none

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Clara F. Fraslin M.D. (M. D. or other)

Address Salisbury Md. Date signed 7/10/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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AUG 7 1939
BUREAU V. S.

07371

STATE OF MARYLAND—CERTIFICATE OF DEATH

MITHIN CORPORATE LIMITS (159)

1. PLACE OF DEATH

County Wicomico Registration Dist. No. 333

Village or City Salisbury, Md. No. Peu Geuf Hospital St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residance in city or town whara death occurrad ___ yrs. ___ mos. 1 ds. How long in U. S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Baby Price. Claud & Carrie Price If U. S. Veteran, specify WAR ___

(a) Residence: No. Quantico, Md St., ___ Ward. ___

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	Col.	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: no

6. DATE OF BIRTH (month, day, and year) July 1939

7. AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. no

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. no

10. Date deceased last worked at this occupation (month and year) no

11. Total time (years) spent in this occupation no

12. BIRTHPLACE (city or town) Md. (State or country)

FATHER

13. NAME Claude Price.

14. BIRTHPLACE (city or town) Quantico (State or country) md

MOTHER

15. MAIDEN NAME Carrie Price

16. BIRTHPLACE (city or town) Quantico (State or country) md

17. INFORMANT Claude Price (Address) Quantico md

18. BURIAL, CREMATION, OR REMOVAL Potter's Field

Place Burial Salisbury Date July 21, 1939

19. UNDERTAKER James H. Stewart (Address) Salisbury md

20. FILED 7/21, 1939 Harriet E. Johnson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 7 (Month) 19 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended daceased from July 18, 1939, to July 19, 1939

I last saw h___ alive on ___, 19___; death is said to have occurrad on the date stated above, at ___ m.

The PRINCIPAL CAUSE OF DEATH and ralatad causes of importance ware as follows:

	Date of onset
Premature	
newborn	
6 months	
Wt 2 pounds	

Dthar Contributory Causes of importance:

Name of oparation ___ Date of ___

What test confirmed diagnosis? ___ Was there an autopsy? ___

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ___ Date of Injury ___, 19___

Where did Injury occur? ___ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury ___

Nature of Injury ___

24. Was disease or Injury in any way related to occupation of deceasad? ___

If so, specify ___

(Signed) D. Allen Field M. D.

(Address) Nanticoke Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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AUG 7 1939
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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 333

CERTIFICATE OF DEATH

017372

1. PLACE OF DEATH:
(a) County Worcester
(b) City or town Salisbury (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Peninsula Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in this community (yrs., mos., or days) 30

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md (b) County Worcester
(c) City or town Berlin Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. — (If rural give location)
(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME Elsie Mary Rogers

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex: Female

5. Color or race: W

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Everett O. Rogers

6. (c) If alive, give age 24 years

7. Birth date of deceased (mo., day, yr.) May 23, 1916

8. AGE: Years 23 | Months 2 | Days 4 | If less than one day ____ hr. ____ min.

9. Birthplace Maryland (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business —

FATHER
12. Name Charles W. Morris
13. Birthplace Md.

MOTHER
14. Maiden Name Hattie Hastings
15. Birthplace Md

16 (a) Informant Everett O. Rogers
(b) Address Berlin Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 29, 1939 (month) (day) (year)
(c) Cemetery or crematory Evergreen
Location Berlin Md.

18 (a) Funeral director J. A. Bunting
(b) Address Berlin Md

19 (a) 7/27/39 (Date rec'd by Registrar) (b) Harriet E. Johnson Registrar

MEDICAL CERTIFICATION

20. Date of death 7-27-1939, at 11:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-25-1939, to 7-27-1939; and that I last saw him alive on 7-27-1939.

Immediate cause of death	Duration
acute cardiac failure	
Due to Hypostasis	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Hinks A Insley M.D. (M. D. or other)
Address Salisbury Md Date signed 7-27-39

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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AUG 7 1939
BUREAU V. S.

07373

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Wicomico Registration Dist. No. 333

Village or City Salisbury Md. No. Peninsula Hosp. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. 25 ds. How long in U.S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME E. Luig Ryan If U. S. Veteran, specify WAR ___

(a) Residence: No. Bishopsville Md. St., ___ Ward. ___

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Daisey Ryan.

6. DATE OF BIRTH (month, day, and year)

7. AGE: Years 55 Months About Days If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Laborer.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year): May 31, 1939.

11. Total time (years) spent in this occupation: ✓

12. BIRTHPLACE (city or town) (State or country): Maryland.

FATHER

13. NAME: E. Luig Ryan. Sr.

14. BIRTHPLACE (city or town) (State or country): Maryland.

MOTHER

15. MAIDEN NAME: Eliza Jane Williams

16. BIRTHPLACE (city or town) (State or country): Maryland.

17. INFORMANT (Address): Daisey Ryan. Philadelphia, Pa.

18. BURIAL, CREMATION, OR REMOVAL Place: Belbyville, Del. Date: July 26, 1939.

19. UNDERTAKER (Address): M. Pasha Watson Belbyville, Del.

20. FILED 7/26, 1939 Harriet E. Johnson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 7 (Month) 24 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 6-29-, 1939, to 7-24-, 1939

I last saw him alive on 7-24-, 1939; death is said to have occurred on the date stated above, at 12:15 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	Mch
Carcinoma of Liver	Mch

Other Contributory Causes of importance:

Name of operation: Exploratory Date of: 7/3/39

What test confirmed diagnosis? Clinical Was there an autopsy? ✓

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ___, 19___

Where did injury occur? ✓ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. ✓

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ___

(Signed) [signature] M. D.

(Address) Salisbury

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT R[illegible] Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

07374

STATE OF MARYLAND—CERTIFICATE OF DEATH

(131)

1. PLACE OF DEATH

County Wicomico Registration Dist. No. 331

Village or City Hebron, Md. R. F. D. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Sarah Savage

(a) Residence: No. Hebron, Md. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of J. B. Savage

6. DATE OF BIRTH (month, day, and year) Oct. 1, 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	9	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) 1938

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Locustville, Va. (State or country)

FATHER

13. NAME Elijah Bundick

14. BIRTHPLACE (city or town) Locustville, Va. (State or country)

MOTHER

15. MAIDEN NAME Maggie Kellam

16. BIRTHPLACE (city or town) Locustville, Va. (State or country)

17. INFORMANT J. B. Savage (Address) Hebron, Md. R. D.

18. BURIAL, CREMATION, OR REMOVAL Place Ralphs Hill Cem. Date 7/11/ 1939

19. UNDERTAKER Mrs. C. G. Messick & Sons (Address) Hebron, Md.

20. FILED July 10, 1939 Mrs J. M. Wallace Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July 9, 1939 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from July 9, 1939, to July 9, 1939

I last saw her alive on July 9, 1939; death is said to have occurred on the date stated above, at 3 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis & Nephritis	2 yr
Other Contributory Causes of Importance: Uremic coma	12 hrs

Only saw patient when in coma her physician being away

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [signature] M. D.

(Address) Bethesda Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (82-a)

Reg. Dist. No. 332

07375

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Wicomico County.

(b) City or town Parsonbury Md. (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: R.F.D. #2

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) life

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Wicomico

(c) City or town Parsonbury Md. R.F.D. #2. (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Martha Jane Savage

3 (b) If veteran, name war —

3 (c) Social Security No. None.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband ~~or wife~~ George Savage.

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 12, 1870

8. AGE: Years #69 Months 5 Days 23 If less than one day hr. min.

9. Birthplace Whitesville, Del. (Town, county, and state)

10. Usual occupation Housewife.

11. Industry or business home

FATHER

12. Name unknown.

13. Birthplace "

MOTHER

14. Maiden Name Lenina Parsons.

15. Birthplace Unknown

16 (a) Informant Stella Herman.

(b) Address Parsonsburg. Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 7, 1939 (month) (day) (year)

(c) Cemetery or crematory Line Church Cem.

Location Whitesville Del.

18 (a) Funeral director Wm. Howard Wells.

(b) Address Pittsville Md.

19 (a) July 6, 1939 (Date rec'd by registrar) (b) Lillian R. Davis Local Registrar

MEDICAL CERTIFICATION

20. Date of death July 5 1939, at 4.55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 2 1939, to July 5 1939, and that I last saw ~~him~~ her alive on July 2 1939.

Immediate cause of death Apoplexy — Duration 1 day

Due to

Due to Unknown

Other conditions

(Include pregnancy within 3 months of death)

Major findings: —

Of operations

Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature H. E. Lecates M. D. or other

Address Delmar Del Date signed 7/6/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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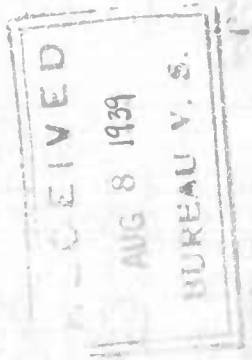
AUG 8 1939
BUREAU V. S.

12 30
1939 - 7 - 5 -
1868 - 1 - 12
71 - 5 - 23

31 -
12
23



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07376

CERTIFICATE OF DEATH

Reg. Dist. No. 333

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

WITHIN CORPORATE LIMITS OF

1. PLACE OF DEATH: Wicomico

City or town: Salisbury (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Peninsula General Hospital

Stay in hospital or inst. (yrs., or mos., or days): 15 minutes

Stay in this community (yrs., or mos., or days): 6V years

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Wicomico

City or town: Salisbury Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No.: 405 Bond St. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: ✓

3. (a) FULL NAME: Ira Leonard Turner

3. (b) Social Security Number: 214-10-8954

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife: ✓

6(c) If alive, give age: ✓ years

7. Birth date of deceased (mo., day, yr.): June 27, 1877

8. AGE: Years	Months	Days	If less than one day
62	0	7	hrs. min.

9. Birthplace: Parksville-Wicomico-Md. (Town, county, and state)

10. Usual occupation: Clerk Circuit Court

11. Industry or business: Wicomico County

FATHER 12. Name: Marion P. Turner

FATHER 13. Birthplace: Maryland

MOTHER 14. Maiden name: Sarah Virginia Coard

MOTHER 15. Birthplace: Maryland

16. Informant: Mrs. Ernest C. Turner

Address: Salisbury, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 7, 1939. (month) (day) (year)

Cemetery or crematory: Parsons

Location: Salisbury, Md.

18. Funeral director: The Hill & Johnson Co.

Address: Salisbury, Md.

19. 7/7/1939 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 4, 1939, at 11:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1939, to July 4 1939, and that I last saw him alive on July 4 1939.

Immediate cause of death: Acute Myocardial Failure

DURATION: 7/4/39

Due to: Chr. Myocarditis

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations: ✓

Of autopsy: ✓

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: No ✓ Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: C. M. Hall M. D. or other

Address: Salisbury Date signed 7/7/39

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BUREAU V. S.

07377

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (82-a)

CERTIFICATE OF DEATH

Reg. Dist. No. 337

1. PLACE OF DEATH:

County: Wicomico

City or town: Clara
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: Wicomico

City or town: Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Near Clara Post office
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Robert Asbury Wainright

3. (b) Social Security Number

4. Sex: M

5. Color or race: C

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Bessie Wainright

6(c) If alive, give age: 53 years

7. Birth date of deceased (mo., day, yr.): Dec 26 1885

8. AGE: Years: 53 Months: 6 Days: 9 If less than one day: hrs. min.

9. Birthplace: Clara, Md
(Town, county, and state)

10. Usual occupation: Farm Labor

11. Industry or business

FATHER
12. Name: Robert Wainright
13. Birthplace: Clara Md

MOTHER
14. Maiden name: Elizabeth Conway
15. Birthplace: Clara Md

16. Informant: Bessie Wainright

Address: Clara, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: July 9 1939 (month) (day) (year)

Cemetery or crematory: New Town Cem.

Location: Near New Town Church

18. Funeral director: Mrs C D Messick & Sons

Address: Bivalve, Md.

19. July 7 1939 (Date rec'd by registrar) R. Woolford Wattie Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 5 1939, at 10:00 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 24 1939, to July 5 1939, and that I last saw h[illegible] alive on July 3 1939.

Immediate cause of death: Apoplexy

DURATION: 11 dy

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: D Allen Fields M. D. or other

Address: Nanticoke Md Date signed 7-7-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (82a)

Reg. Dist. No. 331

CERTIFICATE OF DEATH

07378

1. PLACE OF DEATH:

(a) County Wicomico

(b) City or town Quantico md (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: no

(d) Length of stay in hospital or inst. (yrs., mos., or days) no

(e) Length of stay in this community (yrs., mos., or days) no

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Wicomico

(c) City or town Quantico md (If outside city or town limits, write RURAL and give town)

(d) Street No. no (If rural give location)

(e) If foreign born, how long in U. S. A.? a a years

3 (a) FULL NAME Irving Weatherley

3 (b) If veteran, name war no

3 (c) Social Security No. no

4. Sex male

5. Color or race a.a.

6 (a) Single, married, widowed, or divorced. Widower

6 (b) Name of husband or wife Rachel Weatherley

6. (c) If alive, give age dead years

7. Birth date of deceased (mo., day, yr.) June 15 1850

8. AGE: Years 79 Months — Days 23 If less than one day ____ hr. ____ min.

9. Birthplace Quantico md (Town, county, and state)

10. Usual occupation ~~not any~~ farmer

11. Industry or business no

FATHER

12. Name Adam Weatherley

13. Birthplace Quantico md

MOTHER

14. Maiden Name Sarah Jackson

15. Birthplace Quantico md

16 (a) Informant Alonza Weatherley

(b) Address Quantico md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 11-1939 (month) (day) (year)

(c) Cemetery or crematory Quantico n

Location Quantico n md

18 (a) Funeral director James F. Stewart

(b) Address Salisbury md

19 (a) July 10 (Date rec'd by registrar) (b) Mrs J M Wallace Registrar

MEDICAL CERTIFICATION

20. Date of death July 8th 1939, at 1.10 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1st 1939, to July 8th 1939, and that I last saw him alive on July 6th 1939.

Immediate cause of death Cerebral Hemorrhage

Due to Arteriosclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature William Emrich M. D. or other

Address Hebron Md Date signed July 10 39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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STATE OF MARYLAND—CERTIFICATE OF DEATH

07379

1. PLACE OF DEATH

County Wicomico Registration Dist. No. 333

Village or City Eden, Md. Route 2 No. ..... St., ... Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Clara White If U. S. Veteran, specify WAR .....

(a) Residence: No. Dames Quarter, Md. Ward. .....
(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F	Black	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James C. White Married

6. DATE OF BIRTH (month, day, and year) March 10, 1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	64	4	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housework

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. .....

10. Date deceased last worked at this occupation (month and year) 7-13-39

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Dames Quarter Md

FATHER

13. NAME Frank Roberts

14. BIRTHPLACE (city or town) (State or country) Dames Quarter Md

MOTHER

15. MAIDEN NAME Ellen Roberts

16. BIRTHPLACE (city or town) (State or country) Dames Quarter Md

17. INFORMANT (Address) Lizzie Hyland Dames Quarter

18. BURIAL, CREMATION, OR REMOVAL
Place Dames Quarter Date July 16, 1939

19. UNDERTAKER (Address) Fred T. Webster Deals Island Md

20. FILED 7/15, 1939 Harriet E. Johnson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July (Month) 13 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 Examiner to ..... ; 19 .....

I last saw h Medical alive on ..... , 19 ..... ; death is said to have occurred on the date stated above, at 10 30 m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	3 years

Other Contributory Causes of importance:

Name of operation none Date of .....

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following: no

Accident, suicide, or homicide? ..... Date of injury ..... , 19 .....

Where did injury occur? .....
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) J. A. Rademaker M.D. M. D.

(Address) Deputy Med. Examiner St. of Md. Co. Wicomico Salisbury.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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AUG 7 1939
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (31)

07389

CERTIFICATE OF DEATH

Reg. Dist. No. 333

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Wicomico

City or town Salisbury, Md (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Peninsula General Hospital

Stay in hospital or inst. (yrs., or mos., or days) 3 days

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Md County Wicomico

City or town Salisbury Md Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. no (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR no

3. (a) FULL NAME Frank White

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	Colored	Single

6 (b) Name of husband or wife dont know

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) dont know

8. AGE: Years	Months	Days	If less than one day
about 70			hrs. min.

9. Birthplace Pocomoke md (Town, county, and state)

10. Usual occupation Laborer when working

11. Industry or business no

FATHER

12. Name dont know

13. Birthplace dont know

MOTHER

14. Maiden name dont know

15. Birthplace dont know

16. Informant Peninsula G Hospital

Address Salisbury md

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 7 1939 (month) (day) (year)

Cemetery or crematory Public

Location Salisbury md

18. Funeral director Jos F. Steward

Address Salisbury md

19. 7/7 1939 Harriet E. Johnson (Date rec'd by registrar) Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/6 1939, at 7 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 7/3 1939 to 7/6 1939 and that I last saw h— alive on 7/6 1939

	DURATION
Immediate cause of death Chr Myocarditis	Unk
Due to Chr. Nephritis	Unk
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations ✓

Of autopsy ✓

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ✓ Date of —

Where did injury occur? ✓ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury ✓ Injured at work?

23. SIGNATURE R. M. Veal M. D. or other

Address Salisbury Date signed 7/6/39

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AUG 7 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

0738

Reg. Dist. No. 333

1. PLACE OF DEATH:

County: Wicomico

City or town: Salisbury (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Peninsula General Hospital

Stay in hospital or inst. (yrs., or mos., or days): 1 mo. + 1 da

Stay in this community (yrs., or mos., or days): 1 mo. + 1 da

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Worcester

City or town: Pocomoke City Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: WHITE, MARY

3. (b) Social Security Number

4. Sex: Female

5. Color or race: Colored

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: John White

6(c) If alive, give age: 42 years

7. Birth date of deceased (mo., day, yr.): Nov. Day Unknown 1902

8. AGE: Years: About 36 Months: 7 Days: — If less than one day: hrs. min.

9. Birthplace: Edenton-Chawn-N.C. (Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business: Canning Factory

FATHER

12. Name: Granville White

13. Birthplace: Edenton — N.C.

MOTHER

14. Maiden name: Isabella Blaine Perry

15. Birthplace: Edenton N.C.

16. Informant: Sarah Blowe

Address: 1526 Wilson Rd. Norfolk Va.

17. Buried (Burial, cremation, or removal. Which?) Date thereof: 7 11 39 (month) (day) (year)

Cemetery or crematory: Wilder Cemetery

Location: Edenton, N.C.

18. Funeral director: John A. Bradshaw

Address: Pocomoke City, Md.

19. 7/7, 1939 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 7-7 1939, at 3:00 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 6-6 1939, to 7-7 1939, and that I last saw her alive on 7-6-39 19

Immediate cause of death: Uterine Fibroids

Pyosalpinx; gonococcic in origin. C.W.S.R.

Pelvic peritonitis

Due to: Duration of gonorrhoeal salpingitis: Indefinite.

Operations performed: Hysterectomy and bilateral salpingectomy.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Philip A. Tusler M.D. M. D. or other

Address: Salisbury Md. Date signed: 7-8-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 20 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

07382

V. S. No. 1

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH WITHIN CORPORATE LIMITS OF

County Wicomico Registration Dist. No. 333

Village or City Salisbury Maryland Peninsula General Hospital Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. 7 ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Robert Wootten If U. S. Veteran, specify WAR ____

(a) Residence: No. Pittsville Maryland St., ____ Ward. ____
(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb 24 1939

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	4 months	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) Salisbury, Md.
(State or country)

FATHER

13. NAME Chester Wootten

14. BIRTHPLACE (city or town) Delaware
(State or country)

MOTHER

15. MAIDEN NAME Daisy Hudson

16. BIRTHPLACE (city or town) Pittsville Md.
(State or country)

17. INFORMANT Daisy Wootten
(Address) Parsonsburg, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Line Cem. Date July 13th 1939

19. UNDERTAKER Wm Howard Willey
(Address) Pittsville, Md.

20. FILED 7/12, 1939 Harriet E. Johnson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 7 (Month) – 12 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 7-6, 1939, to 7-12, 1939.

I last saw him alive on 7-12, 1939; death is said to heve occurred on the date stated above, at 5:30 P m.

The **PRINCIPAL CAUSE OF DEATH** end related causes of importance were as follows:

	Date of onset
Infectious Diarrhea	

Other **Contributory Causes** of importance:

Name of operetion ____ Date of ____

What test confirmed diagnosis? ____ Was there an au'opsy? ____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ____

Neture of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____

If so, specify ____

(Signed) J R Summer M. D.

(Address) Salisbury Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1916*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 333

CERTIFICATE OF DEATH

(48)

07383

1. PLACE OF DEATH:

(a) County Wicomico

(b) City or town Salisbury (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Peninsula General Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day

(e) Length of stay in this community (yrs., mos., or days) 7 years

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Wicomico

(c) City or town Fruitland, Md. R.D. (If outside city or town limits, write RURAL and give town)

(d) Street No. Salisbury, Md. R.D. 1 (If rural give location)

(e) If foreign born, how long in U. S. A.? ✓ years

3 (a) **FULL NAME** Elva Evans Wright

3 (b) If veteran, name war ✓

3 (c) Social Security No. ✓

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Roy J. Wright

6. (c) If alive, give age 39 years

7. Birth date of deceased (mo., day, yr.) Aug. 3, 1905.

8. **AGE:** Years 33 | Months 11 | Days 11 | If less than one day ____ hr. ____ min.

9. Birthplace Fruitland, Wicomico, Md. (Town, county, and state)

10. Usual occupation None

11. Industry or business ✓

FATHER

12. Name John B. Puyar

13. Birthplace Maryland

MOTHER

14. Maiden Name Ella C. Hobbs

15. Birthplace Maryland

16 (a) Informant John B. Puyar

(b) Address Salisbury, Md. R.D. 1

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/15/39 (month) (day) (year)

(c) Cemetery or crematory Union Church

Location Near Fruitland, Md.

18 (a) Funeral director The Hill & Johnson Co.

(b) Address Salisbury, Md.

19 (a) 7/15/39 (Date rec'd by registrar) (b) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. Date of death July 14 1939, at 12 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1938, to July 1939, and that I last saw him alive on July 14 1939.

Immediate cause of death Cardiac Thrombosis — Duration 10 days

Due to Carcinoma of Uterus — 10 mos.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature H O Daisy M. D. or other

Address Salisbury, Md. Date signed 7/17/39

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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